

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

**SECURITY PERSONNEL:
ARMORED CAR SECURITY OFFICER**

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a complete application, submit the following:

1. Bring your completed application to DOPL's offices (160 E. 300 S., main lobby, Salt Lake City) to complete electronic fingerprinting using DOPL's Identix equipment.

OR

Submit **two** applicant fingerprint cards (Form FD-258: white with blue lines) to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). See "Additional Important Information."

2. Submit a copy of your driver's license or Utah identification card clearly indicating your driver's license number or Utah ID number.
3. Submit a "Certification of Completing (24) Hours of Basic Classroom Instruction" (form attached to this application) documenting the successful completion of at least twenty-four (24) hours of basic classroom instruction consistent with Sections R156-63b-602, and 603 of the Security Personnel Licensing Act Rules for Armored Cars.
4. Submit a "Certification of Completion of Firearms Instruction" form (attached to this application) documenting the successful completion of at least six (6) hours of classroom firearms instruction and at least six (6) hours of firearms instruction on the range consistent with Sections R156-63b-602, and 604 of the Security Personnel Licensing Act Rules for Armored Cars.
5. Submit a **\$95.00** non-refundable application-processing fee, made payable to "DOPL," that includes a \$60.00 application fee, a \$15.00 surcharge for a BCI Utah Criminal History file and fingerprint file search, and a \$20.00 surcharge for a FBI fingerprint file search.

ADDITIONAL IMPORTANT INFORMATION:

1. **Basic Education and Training:** New education and training requirements have been established for Armored Car Security Officers. See R156-63b-603 of the Security Personnel Licensing Act Rules for Armored Cars for details.

The following is a summary of education components for armored car security officers: driving policies and procedures, emergency situation response, armored operations, sexual harassment in the work place, legal responsibilities, use of force, ethics, and police and community relations.

2. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at www.dopl.utah.gov.
 - ☐ Division of Occupational & Professional Licensing Act
 - ☐ General Rules of the Division of Occupational & Professional Licensing
 - ☐ Security Personnel Licensing Act
 - ☐ Security Personnel Licensing Act Rules for Armored Cars
3. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
4. **Fingerprint Information:** All applicants are required to undergo a criminal background check and fingerprint search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). **Fingerprint cards that are not complete and/or properly rolled will be rejected, delaying the licensure process.**

To expedite the licensure process, you can obtain electronic fingerprinting at DOPL's offices (160 E. 300 S., Salt Lake City), 9:00 a.m. to 4:00 p.m., Monday through Friday, except holidays. Currently, there is no fee to roll electronic fingerprints for DOPL licensure applicants. A current government issued picture ID is required.

If you are unable to obtain electronic fingerprints at DOPL's office, you must include two (2) blue fingerprint cards (Form FD-258) with your application. Fingerprint cards are supplied with the application if obtained from DOPL. If you downloaded the application from the Internet, you may obtain fingerprint cards from DOPL, the Bureau of Criminal Identification (BCI), or your local police station. **To have your fingerprints rolled onto the blue fingerprint cards, you must go to BCI or a local police station.**

BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:

- \$13.00 fee for up to three fingerprint cards
- Walk-ins only; no appointments taken
- Open 8:00 a.m. - 5:00 p.m., Monday - Friday except holidays
- Government-issued picture ID required (driver's license, state ID, passport, etc.)
- Website: www.bci.utah.gov
- Phone: 801-965-4445
- Address: 3888 W. 5400 S., Taylorsville, UT 84118
(1/2 block west of Bangerter Highway, behind McDonalds)

REVIEW OF YOUR FBI RECORD: If you wish to challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI, Criminal Justice Information Services (CJIS) Division, Attn. SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

5. **Processing Time:** DOPL requires approximately two weeks to process a complete application for licensure. In addition, an FBI file search takes approximately 12 weeks.
6. **On-the-Job Training Program:** An Armored Car Security Officer may work in a supervised On-the-Job Training capacity for a period of thirty (30) days if the individual's criminal record in the state of Utah is clear at the time the individual applies for licensure and if the individual has been issued an On-the-Job Training Program form by DOPL.

NOTE: If the applicant applies for licensure and has any **criminal history record** or has marked "**Yes**" to any question on the Qualifying Questionnaire, an On-the-Job training letter will not be issued. The application will be processed in the normal manner and if the application is approved, a temporary license will be issued.

7. **License Renewal:** All security licenses expire November 30 of every even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a

group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

8. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
9. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e. copy of a marriage license or divorce decree).
10. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at www.dopl.utah.gov.
11. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (American Express, MasterCard, and Visa) are also accepted in person at DOPL's main office – but not over the telephone.
12. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

13. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
14. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

GENERAL INFORMATION:

License Applying For: **Armored Car Security Officer**

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender (Male or Female): _____ Date of Birth: _____

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: _____

If Yes, License Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ____/____/____ (mm/dd/yyyy)

Approved By: _____

Date License/Certificate Denied: ____/____/____ (mm/dd/yyyy)

Denied By: _____

Reason for Denial/Other Comments: _____

AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as an armored car security officer in Utah, and I agree to comply with such.

Signature of Applicant: _____ Date: ____/____/____
(mm/dd/yyyy)

LICENSES:

List all licenses, certifications, or registrations issued by any state that you now hold or have ever held. Use additional sheets if necessary.

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: _____

ARMORED CAR SECURITY PERSONNEL QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. _____ Have you ever been terminated from a position because of drug use or abuse?
11. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Continued on the next page.)

12. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. _____ Do you currently have any criminal action pending?
14. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. _____ Have you, in the past ten (10) years, been allowed to plea guilty, no contest to, entered into a plea in abeyance or deferred sentence to any criminal charge?
17. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: ____/____/____ (mm/dd/yyyy)

Printed Name of Applicant: _____

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Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511

CERTIFICATION OF COMPLETING (24) HOURS OF BASIC CLASSROOM INSTRUCTION FOR ARMORED CAR

(This form must be completed for all armored car security officer applicants.)

TO BE COMPLETED BY APPLICANT:

Name of Applicant: _____

Social Security Number: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

TO BE COMPLETED BY INSTRUCTOR OF (24) HOURS OF BASIC CLASSROOM INSTRUCTION:

I certify that the above named applicant has successfully completed at least eight (24) hours of basic classroom instruction consistent with Sections R156-63b-602, 603, and 604 of the Security Personnel Licensing Act Rules for Armored Car. In addition, I certify that the above named applicant achieved at least a minimum score of 80% on the basic education and training final exam in accordance with R156-63b-302d.

Name of Company/Individual Administering Training: *(Please Print)* _____

PACSCo ID, or License Number: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Basic Training Score on Final Exam: _____

Date Applicant Completed the Program: ____/____/____ (mm/dd/yyyy)

Name of Program Trainer: *(Please Print)* _____

Signature of Program Trainer: _____ Date: ____/____/____
(mm/dd/yyyy)

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Division of Occupational and Professional Licensing
160 East 300 South, P.O.Box 146741
Salt Lake City, Utah 84114-6741
FAX: (801) 530-6511

CERTIFICATION OF COMPLETION OF FIREARMS INSTRUCTION FOR ARMORED CAR

(This form must be completed for all armored car security officers applicants ONLY.)

TO BE COMPLETED BY APPLICANT:

Name of Applicant: _____

Social Security Number: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

TO BE COMPLETED BY THE INSTRUCTOR OF THE FIREARMS TRAINING:

I certify that the above named applicant has successfully completed at least six (6) hours of classroom firearms instruction and at least six (6) hours of firearms instruction on the range consistent with Sections R156-63b-602 and 604 of the Security Personnel Licensing Act Rules for Armored Car. In addition, I certify that the above named applicant achieved at least a minimum score of 80% on the practical pistol course.

Name of Company/Individual Administering Training (*Please Print*): _____

PACSCo ID, or License Number: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date Above Named Applicant Completed the Program: _____

Score on Practical Pistol Course: _____

Name of Program Trainer: (*Please Print*) _____

Signature of Program Trainer: _____ Date: ____/____/____
(mm/dd/yyyy)